



Medical Care Discount Card Application for Certificate of Registration

Certificate of Registration Required:

A medical care discount card supplier may not market, promote, sell, or distribute a medical care discount card in this state unless the supplier holds a certificate of registration as a supplier issued by the Commissioner.

Requirements for Certificate of Registration:

1. Completed application form reviewed and approved by the Commissioner. The application form is included with this document.
2. Meet financial responsibility requirements outlined in Section 33-38-106, MCA (2005). See Senate Bill 380, Section 9. pending publication of MCA (2005). Senate Bill 380 and the MCA can be found at www.leg.mt.gov (go to 2005 Bills, look up SB 380).
3. Listing of authorized enrollers provided to the Commissioner.

Exceptions:

A medical care discount card supplier that is a health insurance issuer authorized to do business in Montana is not required to obtain a certificate of registration. The exemption is not extended to medical care discount card suppliers who are affiliates of health insurers.

An administrator that is authorized to do business in this state and provides medical care discount cards only to Montana residents who are members of self-funded group health plans administered by the administrator is not required to obtain a certificate registration.

Waiver:

In accordance with 33-38-107, MCA (2005) (Senate Bill 380, Section 10), the Commissioner may waive the registration and financial responsibility requirements for certain **preferred provider organizations**. The factors taken into account in granting the waiver include but are not limited to whether the company:

- (1) has contracts in place with health care providers residing in this state;
- (2) has contracts in place with users and purchasers of health care services residing in this state who use the medical care discount card in conjunction with a self-funded or fully insured health plan;
- (3) is primarily in the preferred provider organization business or primarily in the medical care discount card supplier business; and
- (4) was in business in this state prior to the effective date of the act.

For **preferred provider organizations** acting as medical care discount card suppliers on October 1, 2005, requests for waiver must be submitted in writing by October 1, 2005.

For **preferred provider organizations** acting as medical care discount card suppliers that will commence operation after October 1, 2005, requests for waiver must be submitted at least 30 days before commencing business as a supplier.

Filing Time Frames:

A person acting as a medical care discount card supplier on October 1, 2005, shall file an application for a certificate of registration with the Commissioner by October 1, 2005.

For suppliers that will commence operation after October 1, 2005, the application for a certificate of registration must be submitted at least 30 days before commencing business as a supplier. The supplier may not market, promote, sell, or distribute a medical care discount card in this state until the Commissioner issues the certificate of registration.

Filing Fees:

There is a non-refundable filing fee of \$100 for the application for Certificate of Registration. Additionally, there is \$100 annual filing fee associated with annual renewal of the Certificate of Registration.

There is a \$250 non-refundable filing fee for the establishment of financial responsibility. Additionally, there is a \$250 filing fee associated with the annual certification of financial responsibility.

All fees should be submitted at the time of the applicable filing.

Biographical Affidavit Forms:

Required biographical affidavits should be submitted with the application for Certificate of Registration. The biographical affidavit form can be found at:

www.DiscoveringMontana.com/SAO/Forms/Index.html

Bond Form:

The bond form is provided with the Application for Certification of Registration.

Certificate of Registration Application Form

1. Name of applicant (card supplier): _____

2. List all names under which Medical Care Discount Cards will be marketed in Montana.

3. Owner and/or controlling entity of Medical Care Discount Card Supplier:

4. List all Officers and Directors of the Medical Care Discount Card Supplier (a completed NAIC biographical affidavit form should be provided for each Officer and each Director):

5. Manager/Point of Contact for Montana Business (please attach completed biographical affidavit):

Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Changes must be reported promptly

9. Describe how the Medical Care Discount Card will be advertised and/or promoted. Additionally, please provide samples of the advertising and promotional materials to be used in Montana, a sample card to be issued, and a sample of the purchase agreement. Advertising/promotional materials must comply with Sections 33-38-103 and 104, MCA (2005) (Senate Bill 380, Section 6). Senate Bill 380 can be found at www.leg.mt.gov (go to 2005 Bills, look up SB 380).

10. List all health care providers (please include addresses and phone numbers) currently under contract or supply evidence that you have a contract with an established provider network (a listing may be attached). Additionally, please include information describing or illustrating how users can access a listing of all providers who participate in the network and/or honor your discount.

11. Provide the name and contact information for the Medical Care Discount Card Compliance Officer:

Name: _____

Street Address: _____ Mailing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

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[illegible]

STATE OF MONTANA
MEDICAL CARE DISCOUNT CARD SUPPLIER BOND

BOND NO._____ **BOND AMOUNT**_____

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____ as principal,
And _____, a corporation duly organized and
existing under the laws of the state of _____, and authorized to do
business in the state of Montana, as SURETY, are held and firmly bound unto the
state of Montana, in the penal sum of \$50,000 lawful money of the United States for
the payment of which sum, well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors, and assigns, jointly and severally, firmly by
these presents.

WHEREAS, the principal is subject to the provisions of the Montana Medical Care
Discount Card Act and shall faithfully comply with the provisions of the Act.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH,
that if the above bonded principal shall faithfully comply with the provisions of the
Act and the orders legally made pursuant thereto, then and in that event the
forgoing obligation shall be void, otherwise to remain in full force and effect.

**PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS
CONDITIONS:**

That any person or the Montana Commissioner of Insurance claiming against the
bond for a violation of the Act occurring during the time period during which this
bond is in effect may maintain an action at law against the PRINCIPAL and against
the SURETY. The aggregate liability of the SURETY to all persons damaged by
violations of this Act may not exceed the amount of the surety bond.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to
future acts of the Principal at any time by giving twenty one (21) days written notice
of such termination to the Montana Commissioner of Insurance

This bond is for a definite term beginning _____, and ending _____
and may be continued by a Continuation Certificate.

SIGNED, SEALED AND DATED this _____

BY: _____
Principal

BY: _____
Attorney-in-fact